



2015-16 Autism Speaker Series

“One Bite at a Time: Manageable Mealtimes for the Fussy Eater”



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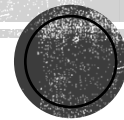


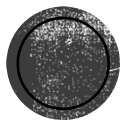
Please visit their tables during the break and after the lecture!



ONE BITE AT A TIME: MANAGEABLE MEALTIMES FOR THE FUSSY EATER

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University of Houston-Clear Lake





WHAT IS A FEEDING DISORDER?

A FEEDING DISORDER IS:

- Difficulties with eating and/or drinking that affect weight and nutrition
- History of oral or enteral consumption of nutrients that deviates from the norm enough to lead to negative social or health consequences

Extreme Food/Fluid Selectivity or Refusal

- Type
- Texture
- Brand
- Shape
- Color

Medical Conditions

- Reflux
- A severe illness

Physical Limitations

- Poor oral motor skills
- Difficulty chewing and swallowing

(nationwidechildrens.org)

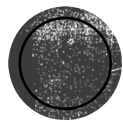
SOME FACTS ABOUT FEEDING DISORDERS

- 25% of all children are reported to have some form of feeding disorder
 - Increases to **80%** reported with developmentally delayed children
- Does not discriminate:
 - Healthy children
 - Gastrointestinal disorders
 - Special needs

(Manikam & Perman, 2000)

COMMON TYPES OF FEEDING DISORDERS

| Rumination | Pica | Food/Liquid Refusal | Food/Liquid Selectivity |
|---|---|--|---|
| <ul style="list-style-type: none"> ▪ Repeatedly bringing up (regurgitating) food | <ul style="list-style-type: none"> ▪ Persistent and compulsive cravings to eat nonfood items | <ul style="list-style-type: none"> ▪ Refusing certain foods/liquids | <ul style="list-style-type: none"> ▪ Refusing foods/liquid selectivity |
| <ul style="list-style-type: none"> ▪ Repeatedly rechewing food | <ul style="list-style-type: none"> ▪ Examples: <ul style="list-style-type: none"> ▪ Glue ▪ Paint chips ▪ Paper | <ul style="list-style-type: none"> ▪ Risk of malnourishment | <ul style="list-style-type: none"> ▪ Only eats/drinks select items ▪ Risk of malnourishment |



WHERE DO I START?

→ Consider the biological, medical,
and behavioral factors

MEDICAL/BIOLOGICAL FACTORS

- Physical limitations
 - Cleft-lip and palate
 - Oral motor difficulties
- Medical issues
 - Gastro-esophageal reflux disease (GERD)
 - Food allergies
- Sleep dysregulation

(Laud, Girolami, Boscoe, & Gulotta, 2009)



MAKE SURE YOUR CHILD IS MEDICALLY CLEARED BEFORE YOU START AN INTERVENTION

→ Number one priority is to make sure there is no physical/medical issues that explains why your child isn't eating

Note: Most clinics require a doctor's note that indicates a child is cleared to begin a feeding program

CHALLENGING BEHAVIORS

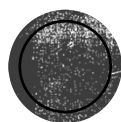
- Some challenging behaviors may need to be addressed prior to the feeding intervention
 - Aggression
 - Tantrums



BEHAVIORAL FACTORS

- Keep an eye on those consequences!
 - Receiving toys
 - Receiving preferred/different foods
 - Attention
 - Escape from different foods/dinner table

(Laud, Girolami, Boscoe, & Gulotta, 2009)



CHALLENGING BEHAVIORS DURING MEALTIMES

CHALLENGING BEHAVIORS

Food Refusal:

- Crying
- Turning head away
- Spitting out food
- Throwing utensils
- Holding/packing food in mouth
- Aggression
- Getting out of seat

Other Behaviors:

- Coughing
- Gagging
- Vomiting
- Self-injurious behavior

(Laud, Girolami, Boscoe, & Gulotta, 2009)

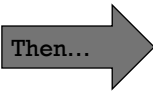


EXAMPLES

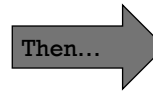


RECEIVING TOYS

Before



Behavior

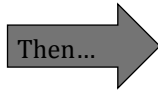


After



PROBLEMS MAY EMERGE

Before



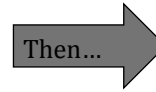
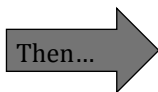
Behavior



+



After



ESCAPE FROM FOOD

- Removing a bite of food after challenging behavior has occurred
 - Example:
 - You give Alice a carrot to eat
 - She starts screaming
 - You then remove the carrot
 - Alice stops screaming

(Piazza, Fisher, Brown, Shore, Patel, Katz, Sevin, and Gulotta, 2003)



ACCESS TO ATTENTION

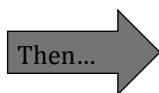
- Getting attention for engaging in challenging behavior
 - Example:
 - You give Jon a piece of an apple to eat
 - Jon throws the apple on the ground
 - You then say, “You like apples!” or “Don’t throw your food, apples are good for you!”

(Piazza, Fisher, Brown, Shore, Patel, Katz, Sevin, and Gulotta, 2003)



PROBLEMS MAY EMERGE

Before



Behavior



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After



ACCESS TO PREFERRED ITEMS

- Getting:
 - Preferred toys
 - Preferred foods
 - Preferred drinks

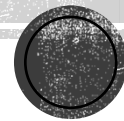
- When the child engages in challenging behavior

****Includes getting a bottle****

(Piazza, Fisher, Brown, Shore, Patel, Katz, Sevin, and Gulotta, 2003)



STRATEGIES TO IDENTIFY WHY YOUR CHILD OR LEARNER IS REFUSING TO EAT



OBSERVE THE MEALTIME BEHAVIOR

- Schedule an appointment with a Behavior Analyst to come observe a mealtime
 - Videotape mealtimes if this is not an option
- The Behavior Analyst will:
 - Determine what causes of the inappropriate mealtime behavior(s)
 - Will be able to directly observe





DAILY FOOD LOG

KEEPING TRACK OF HELPFUL INFORMATION

- Keep track of last meal/snack times:
 - Sleep regulation
 - Set mealtimes
 - Number of portions
 - Set snack times

- If taking medicine:
 - Side effects

All of these can impact the success of feeding!



| Date | Meal/Snack Time | Food Item(s) | How Much Consumed | Take Medication (?) | Hours Slept |
|---------|-----------------|------------------------------|--------------------------------|---------------------|-------------|
| 1/23/16 | 7:00 am | Oatmeal, OJ, | 1 cup 8oz | Y | 8hrs 30min |
| | 10:30 am | Greek yogurt, Water | 2 bites 10oz | N | |
| | 12:00 pm | Sandwich, Chips, Water | 5 bites 1.5oz (all) 10oz | N | |
| | 2:30 pm | Fruit Snacks, Choc. Milk | 3 gummies 8oz | N | |

FOOD LOG: NOW WHAT?

- Try scheduling snack times further away from meal times
- If you suspect medicine may be affecting your child's appetite
 - Go see your Doctor!
 - Bring the food log with you
- Bring the food log to a Behavior Analyst

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| ↓ | 12:00 pm | Sandwich, Chips, Water | 2 bites 1.5oz (all) 10oz | N | ↓ |
| ↓ | 2:30 pm | Apple, Choc. Milk | 1 bite 8oz | N | ↓ |

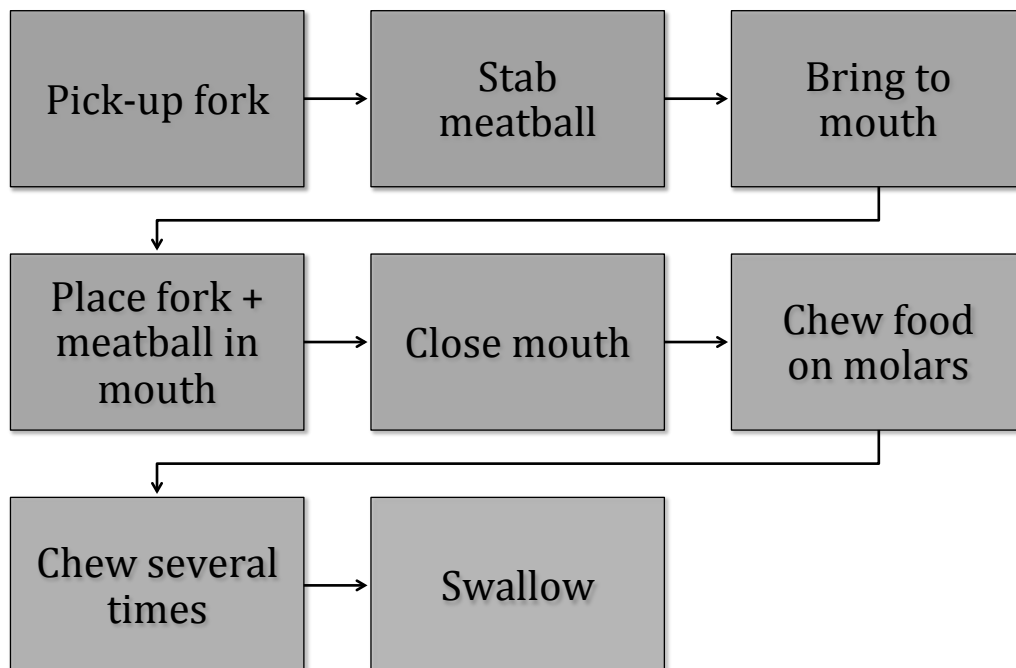


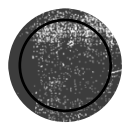
EATING INCLUDES MANY STEPS



MAKE IT MANAGEABLE

- Eating consists of many different steps
 - Using utensils
 - Cups
 - Straws
 - Plates





INTRODUCING NEW FOODS & LIQUIDS

INTRODUCING NEW FOODS

- Bite Sizes
- Nutritional Needs



NUTRITIONAL NEEDS

| | Ages 2-3 | Ages 4-8 | Ages 9-13 | Ages 14-18 |
|-------------------|---------------|---------------|---------------|---------------|
| Calories | 1,000 – 1,400 | 1,200 – 2,000 | 1,400 – 2,600 | 1,800 – 3,200 |
| Protein | 2-4oz | 3-5.5 oz | 4-6.5oz | 5-7oz |
| Fruits | 1-1.5 cups | 1-2 cups | 1.5-2 cups | 1.5-2.5 cups |
| Vegetables | 1-1.5 cups | 1.5-2.5 cups | 1.5-3.5 cups | 2.5-4 cups |
| Grains | 3-5oz | 4-6 ounces | 5-9oz | 6-10oz |
| Dairy | 2 cups | 2.5 cups | 3 cups | 3 cups |

(Mayo Clinic, 2016)

INTRODUCING NEW LIQUIDS

- Ounces in a cup to drink
- Nutritional needs

CALCIUM & JUICE GUIDELINES

▪ Calcium Guidelines

- Toddlers (ages 1 to 3 years) – 700 milligrams daily
- Kids (ages 4 to 8 years) – 1,000 milligrams daily
- Older Kids (ages 9 to 18 years) – 1,300 milligrams daily

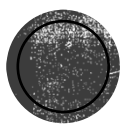
▪ Milk Intake

- Ages 2 to 3 years: 2 cups per day
- Ages 4 to 8: 2.5 cups per day
- Ages 9 and older: 3 cups per day

▪ Juice Intake

- 6-12 months old: no more than 2-4 ounces per day
- 1-6 years old: 4-6 ounces per day
- 7-18 years old: 8-12 ounces per day

(Kidshealth.org, 2016)



DIFFERENT FOOD TEXTURES FOR LEARNERS WITH TEXTURE DIFFICULTIES

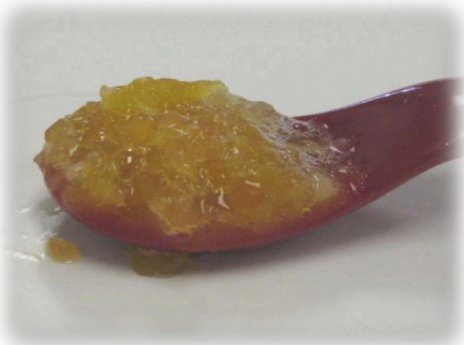
EASIEST TEXTURE – BABY FOOD/PUREE



- Completely smooth
- Examples:
 - Pudding
 - Applesauce
 - Watered down grits
 - Smooth mashed potatoes



SECOND TEXTURE – WET GROUND



- Small lumps
- Watery
- Examples:
 - Watery Oatmeal
 - Slightly chunky mashed potatoes
 - Minced fruit



THIRD TEXTURE – GROUND



- Lumps
- Thicker in consistency
- Examples:
 - Slightly minced fruits and veggies
 - Ground beef



FOURTH TEXTURE – CHOPPED



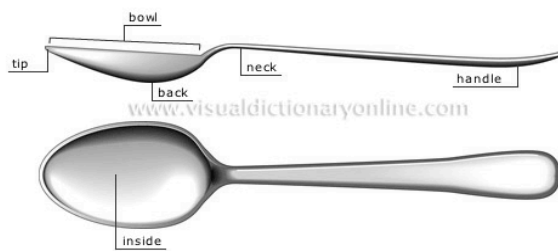
- Usually prepared with a knife
- Examples:
 - Chopped celery
 - Jello cut into small pieces
 - Crumbled goat cheese



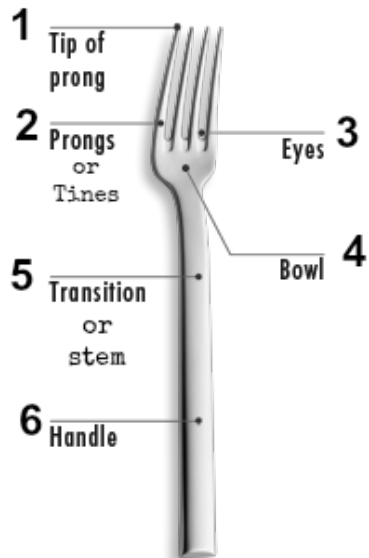


FEEDING TOOLS MATTER!

UTENSILS



UTENSILS



UTENSIL GRIPS

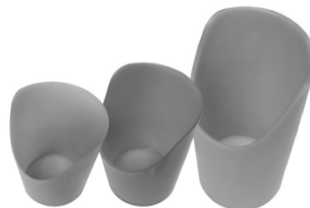
- Great for teaching learner how to grip
- Allows the utensil to stay positioned in hand

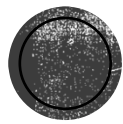


BOWLS & PLATES



CUPS





MAKE IT STICK

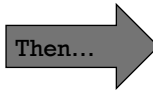
START SMALL

- Pick foods similar in some way to the food that your learner is currently willing to eat
- Reinforce immediately for taking one bite of food
- Demand fading: increase the bite requirement to get the reinforcer over time



EARNING TOYS

Before



After



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GO BACK TO THE DRAWING BOARD

- New reinforcer
- Reconsider how much
- Reconsider texture or amount of food
- Lower bite requirement

- Wait it out
 - Keep the bite present

- Try a different approach



BLENDING FOODS

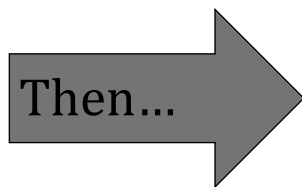
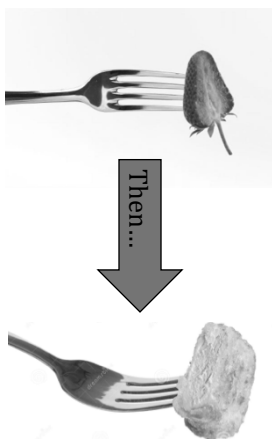
- Slowly introduce new foods with foods he/she is already eating
- Important to keep in mind taste of blended foods

| | Greek Yogurt | Blueberries |
|----------|--------------|-------------|
| Day 1-3 | 100% | 0% |
| Day 3-6 | 90% | 10% |
| Day 6-9 | 80% | 20% |
| Day 9-12 | 70% | 30% |



PRESENT NEW WITH OLD

- New food item is presented first, immediately followed by old item

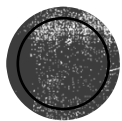


SLOWLY INCREASE REQUIREMENTS

- Number of bites increases to get the ice cream



Day 6



RULES OF THUMB

IF YOU LIKE IT...

- Tell your learner!



WHY INTERVENTIONS FAIL

- Reinforcers are NOT being used to increase desirable behaviors
- Conduct a preference assessment
 - Make a list of favorite things:
 - Toys
 - Food
 - Liquids
- Reserve the most preferred item for feeding sessions
- If you get stuck problem solving, contact a BCBA

KEEP YOUR COOL

- Ignore unwanted behaviors
- It may get messy
- Progress takes time

- Do NOT:
 - Beg
 - Coax
 - Plead

- Things may get worse before they get better

- The learner is probably doing something they don't like
 - Problems may occur:
 - Tantrums
 - Crying
 - Throwing food/utensils
 - Hitting
 - Vomiting



SET GOALS

- What are your goals?
 - Self-feeding?
 - Using a cup instead of a bottle?
 - Decreasing food throwing?

- Where are you hoping to end?
 - Increase food variety?
 - Increase texture?
 - Increase different liquids?

